City of Cincinnati Employees

Coverage Period: (1/1/17 to 12/31/17)

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Integrated HRA **Plan Type:** Integrated HRA

Questions and answers about the Coverage Examples:

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at coc.jandkcons.com or by calling J & K at 888-872-4232.

Important questions	Answers	Why this Matters:
What is the overall Deductible?	None	This plan reimburses any deductible incurred by plan participants on alternate coverage.
Are there other Deductibles for specific services?	No	This plan reimburses any deductible incurred by plan participants on alternate coverage.
Is there an out-of-pocket limit on my expenses?	No	This plan reimburses any "Max out of pocket" expenses incurred by plan participants on alternate coverage.
What is not included in the out-of-pocket limit?	N/A	
Is there an overall annual limit on what the plan pays?	Single - $5,000 per year Family - $10,000 per year	This plan reimburses for co-pays, co-insurance and deductibles incurred under the alternate coverage up to the maximums allowed.
Does this plan use a network of providers?	Indirectly only	This plan reimburses for certain expenses not paid by the alternate coverage, and the alternate coverage may use a network of providers.
Do I need a referral to see a specialist?	Indirectly only	This plan reimburses for certain expenses not paid by the alternate coverage, And the alternate coverage may require a referral to see the specialist.
Are there services this plan doesn't cover?	Yes	You may have a cost under the alternate coverage, but not under this plan. This plan reimburses for co-pays, co-insurance and deductibles incurred under the alternate coverage. Any procedure not covered by the alternate coverage will not be covered under this plan.

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If you aren't clear about any of the terms used in this form, see the Glossary. You can View the Glossary at www.dol.gov/ebsa/healthreform and www.cciio.cms.gov or call 1-866-470-2963 to request a copy.

Questions and answers about the Coverage Examples:

- **Co-payments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $ 1,000, your **co-insurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network provider charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use network **providers** by charging you lower **deductibles, co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network Provider	Out-of-network provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness Specialist visit Other practitioner office visit Preventive care/screening/immunization	0	0	You may have a cost under the alternate coverage, but not under this plan. This plan reimburses for co-pays, co-insurance and deductibles incurred under the alternate coverage. Any procedure not covered by the alternate coverage will not be covered under this plan.
If you have a test	Diagnostic test (x-ray, blood work) Imaging (CT/PET scans, MRIs)	0	0	You may have a cost under the alternate coverage, but not under this plan. This plan reimburses for co-pays, co-insurance and deductibles incurred under the alternate coverage. Any procedure not covered by the alternate coverage will not be covered under this plan.

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Questions and answers about the Coverage Examples:

If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www._____	Generic drugs	0	0	Any drug not covered by the participants' alternate coverage will not be covered under this plan.
	Preferred brand drugs			
	Non-preferred brand drugs			
	Specialty drugs			
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0	0	You may have a cost under the alternate coverage, but not under this plan. This plan reimburses for co-pays, co-insurance and deductibles incurred under the alternate coverage. Any procedure not covered by the alternate coverage will not be covered under this plan.
	Physician / surgeon fees			
If you need	Emergency room services	0	0	You may have a cost under the alternate coverage, but not under this plan. This plan reimburses for co-pays, co-insurance and deductibles incurred under the alternate coverage. Any procedure not covered by the alternate coverage will not be covered under this plan.
Immediate medical attention	Emergency medical transportation	0	0	You may have a cost under the alternate coverage, but not under this plan. This plan reimburses for co-pays, co-insurance and deductibles incurred under the alternate coverage. Any procedure not covered by the alternate coverage will not be covered under this
	Urgent care			

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Questions and answers about the Coverage Examples:

				plan.
If you have a hospital stay	Facility fee (e.g., hospital room) Physician / surgeon fee	0	0	You may have a cost under the alternate coverage, but not under this plan. This plan reimburses for co-pays, co-insurance and deductibles incurred under the alternate coverage. Any procedure not covered by the alternate coverage will not be covered under this plan.
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services Mental/Behavioral health inpatient services Substance use disorder outpatient services Substance use disorder inpatient services	0	0	You may have a cost under the alternate coverage, but not under this plan. This plan reimburses for co-pays, co-insurance and deductibles incurred under the alternate coverage. Any procedure not covered by the alternate coverage will not be covered under this plan.
If you are pregnant	Prenatal and postnatal care Delivery and all inpatient services	0	0	You may have a cost under the alternate coverage, but not under this plan. This plan reimburses for co-pays, co-insurance and deductibles incurred under the alternate coverage. Any procedure not covered by the alternate coverage will not be covered under this plan.
If you need help recovering or have other special health needs	Home health care Rehabilitation services Habilitation services Skilled nursing care Durable medical equipment	0	0	You may have a cost under the alternate coverage, but not under this plan. This plan reimburses for co-pays, co-insurance and deductibles incurred under the alternate coverage. Any procedure not covered by the

Questions and answers about the Coverage Examples:

	Hospice service	0	0	alternate coverage will not be covered under this plan.
If your child needs dental or eye care	Eye exam	N/A	N/A	None
	Glasses	N/A	N/A	None
	Dental check-up	N/A	N/A	None

EXCLUDED SERVICES & OTHER COVERED SERVICES:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 513-352-256. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 X61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact:

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Questions and answers about the Coverage Examples:

- Your Claim administrator at 877-872-4232.
- The Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthform. To see examples of how this plan might cover costs for a sample medical situation, see the next page.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **Yes - (see IRS Notice 2013-54).**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value).
N/A – integrated with standard plan.

Questions and answers about the Coverage Examples:

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- **Amount owed to providers: $7,540**
- **Plan pays $**
- **Patient pays $**

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	$7,540
Patient pays:	
Deductibles	$ 0
Co-pays	$ 0
Co-insurance	$ 0
Limits or exclusions	$ 0
Total	$ 0

Managing type 2 diabetes (routine maintenance of a well-controlled

- **Amount owed to providers: $4,100**
- **Plan pays $**
- **Patient pays $**

Sample care costs:

Prescriptions	$1,500
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$730
Education	$290
Laboratory tests	$140
Vaccines, other preventive	$140
Total	$4,100
Patient pays:	
Deductibles	$ 0
Co-pays	$ 0
Co-insurance	$ 0
Limits or exclusions	$ 0
Total	$ 0

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles, co-payments,** and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

NO. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

NO. Coverage Examples are NOT cost estimators. You can't use the examples to estimate costs for an actual condition. They are for your comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

YES. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

YES. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as **co-payments, deductibles**, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending accounts (FSAs) or Health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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